

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90107 034 ***150.00

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01152004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000123956			
1. Entry Name T L C FOR LIFE, INC.			
Principal Place of Business 4415 SW DAEMON ST PORT ST. LUCIE, FL 34953		Mailing Address 4415 SW DAEMON ST PORT ST. LUCIE, FL 34953	
2. Principal Place of Business 926 Cecil Lane Suite, Apt. #, etc.		3. Mailing Address 926 Cecil Lane Suite, Apt. #, etc.	
City & State PORT ST LUCIE, FL Zip 34953 Country		City & State PORT ST LUCIE, FL Zip 34953 Country	
4. FEI Number 20-0357888		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINSON, LUTHER J 4415 SW DAEMON ST PORT ST. LUCIE, FL 34953		7. Name and Address of New Registered Agent Name: BEARAM, DEBRA A. Street Address (P.O. Box Number is Not Acceptable) 926 Cecil Lane City: PORT ST LUCIE FL Zip Code: 34953	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BEARAM, DEBRA A 926 SW CECIL LANE PORT ST LUCIE, FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST Debra A. Bearam 926 Cecil Lane PORT ST LUCIE, FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST ROBINSON, LUTHER J 4415 SW DAEMON ST PORT ST LUCIE, FL 34953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Debra A. Bearam</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-15-04 (772) 341-8394 Date Daytime Phone #	
DEBRA A BEARAM, PRESIDENT			